Field Treatment

1. Basic airway
2. Oxygen/Assist ventilations – **avoid hyperventilation**
3. CPR
   ①
4. Cardiac monitor/document rhythm and attach EKG/ECG strip
5. <u>If asystole</u>, confirm in more than one lead
   <u>If questionable fine V-Fib</u>, treat by V-FIB/PULSELESS V-TACH (Adult) **D4** guideline
6. Advanced airway prn
7. Venous access
   ②

8. **Epinephrine** (1:10,000) **1mg IV/IO**
   ❶

9. **Atropine 1mg IV/IO**
   ❷

Note: ③ ④

10. Resuscitate on scene until there is a return of spontaneous circulation (ROSC), consider pronouncement if resuscitation is not successful or transport per base hospital order

Drug Considerations

Epinephrine

❶ May repeat 1mg every 3-5 minutes 1:10,000 concentration

Atropine:

❷ May repeat every 3-5 minutes, maximum dose is 3mg

Special Considerations

① Minimize interruptions, check rhythm/pulse every 2 minutes (5 cycles)

② If IV access is not possible, place IO (if available)

③ <u>Drugs to consider for specific history:</u>

- ✔ Hypoglycemia - **dextrose 50%, 50ml IV/IO**
- ✔ Dialysis patient or calcium channel blocker toxicity – **calcium chloride 1gm IV/IO**
- ✔ Narcotic overdose – **naloxone** (Narcan®) **0.8-2mg IV/IN/IM**

④ Routine administration of **sodium bicarbonate** is not recommended, consider for special situations (dialysis/tricyclic OD) with base concurrence – **1mEq/kg IV/IO**